



# WAUKEGAN HOUSING AUTHORITY

*Executive Director/CEO*  
Charles J. Chambers, Jr.

*Chairman*  
Eleanor Murkey

*Vice-Chairman*  
Michelle Obleton

*Commissioners*  
Kittie Harden  
Juan Martinez  
Jesus Gerena

## MISCELLANEOUS CONTRIBUTION VERIFICATION

Date: \_\_\_\_\_

Contributor: \_\_\_\_\_

Applicant / Resident Name / Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Waukegan Housing Authority (WHA) is required to obtain all information concerning the income and expenses of applicants and tenants in order to determine their eligibility.

I hereby authorize the release of the following requested information to the Waukegan Housing Authority.

\_\_\_\_\_  
Applicant / Tenant Signature Date

The above named person has informed us that you make regular contribution for his/her support. We would appreciate you supplying the following information.

Please complete:

I \_\_\_\_\_,

Contributor Name

Address

City

State

Zip Code

Do hereby certify that I contribute \$\_\_\_\_\_ per week / month to support the above mentioned name.

Relationship: \_\_\_\_\_

Contribution Began: \_\_\_\_\_

Contribution End: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Initial Intake \_\_\_\_\_ Participant Certification Month \_\_\_\_\_ Interim \_\_\_\_\_